

County: Abbeville

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
DR DON LESTER PEOPLES COMMUNITY RESIDENCE 1 GRIFFIN DR WARE SHOALS, SC 29692-1035 FAC. #: 864-942-8900 TOLSON, TINA PH#: 864-456-7662 Facility Email: JBURTON@BURTONCENTER.ORG	Abbeville / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0133 / 11/30/2014	8
WARE SHOALS HABILITATION CENTER I 3 GRIFFIN DR WARE SHOALS, SC 29692-1035 FAC. #: 864-942-8900 TOLSON, TINA PH#: 864-456-3465 Facility Email: JBURTON@BURTONCENTER.ORG	Abbeville / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0132 / 11/30/2014	8

Totals For Facility/License Type: Habilitation R15**Number of Activities/Facilities licensed:** 2 **Number Licensed Units:** 16**Number of Activities/Facilities licensed in county of** Abbeville **# Lics:** 2
Number Licensed Units : 16

Division of Health Licensing

County: Aiken

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
DUPONT I HABILITATION CENTER 127 DUPONT DR AIKEN, SC 29801 FAC.#:803-642-8800 HALL, MICHAEL D PH#: Facility Email: RCOURTNEY@AIKENTDC.ORG	Aiken / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0141 / 07/31/2014	8
DUPONT II HABILITATION CENTER 129 DUPONT DR AIKEN, SC 29801 FAC.#:803-642-8800 HALL, MICHAEL D PH#: Facility Email: RCOURTNEY@AIKENTDC.ORG	Aiken / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0142 / 07/31/2014	8
LAURENS STREET ICF/MR 728 LAURENS ST NW AIKEN, SC 29801 FAC.#:803-642-8800 HALL, MICHAEL D PH#: Facility Email: RCOURTNEY@AIKENTDC.ORG	Aiken / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0207 / 06/30/2014	8
LINDEN STREET ICF/MR 136 LINDEN ST AIKEN, SC 29801-3759 FAC.#:803-642-8800 HALL, MICHAEL D PH#: Facility Email: RCOURTNEY@AIKENTDC.ORG	Aiken / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0209 / 06/30/2014	8

Totals For Facility/License Type: Habilitation R15

Number of Activities/Facilities licensed: <u>4</u>	Number Licensed Units: <u>32</u>
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Number of Activities/Facilities licensed in county of <u>Aiken</u>	# Lics: <u>4</u>
Number Licensed Units : <u>32</u>	

Division of Health Licensing

County: Barnwell

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ACADEMY STREET COMMUNITY RESIDENCE 241 ACADEMY ST WILLISTON, SC 29853 FAC.#:803-259-7472 WASHINGTON, MARY L PH#: 803-266-7833 Facility Email: BJONES@BARNWELLSC.COM	Barnwell / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0177 / 06/30/2014	8
HARLEY ROAD COMMUNITY RESIDENCE 226 HARLEY RD WILLISTON, SC 29853 FAC.#:803-259-7472 WASHINGTON, MARY L PH#: 803-266-3450 Facility Email: BJONES@BARNWELLSC.COM	Barnwell / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0198 / 06/30/2014	8
LEMON PARK COMMUNITY RESIDENCE 95 LEMON PARK DR BARNWELL, SC 29812 FAC.#:803-259-7472 WASHINGTON, MARY L PH#: 803-259-1682 Facility Email: BJONES@BARNWELLSC.COM	Barnwell / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0208 / 06/30/2014	8

Totals For Facility/License Type: Habilitation R15Number of Activities/Facilities licensed: 3 Number Licensed Units: 24

Number of Activities/Facilities licensed in county of Barnwell # Lics: 3
 Number Licensed Units : 24

County: Berkeley

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CONIFER I COMMUNITY RESIDENCE 110 RESINWOOD DR MONCKS CORNER, SC 29461 FAC.#:843-761-0311 WILSON, SUSAN PH#: 843-761-0311 Facility Email: ASHOOK@BICSERVICES.ORG	Berkeley / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0119 / 05/31/2014	8
CONIFER II COMMUNITY RESIDENCE 114 RESINWOOD DR MONCKS CORNER, SC 29461 FAC.#:843-761-0311 WILSON, SUSAN PH#: 843-761-0311 Facility Email: ASHOOK@BICSERVICES.ORG	Berkeley / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0120 / 05/31/2014	8

Totals For Facility/License Type: Habilitation R15**Number of Activities/Facilities licensed:** 2 **Number Licensed Units:** 16**Number of Activities/Facilities licensed in county of** Berkeley **# Lics:** 2**Number Licensed Units :** 16

County: Calhoun

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
FLORENCE GRESSETTE RESIDENCE 402 MILLIGAN CIR SAINT MATTHEWS, SC 29135-9422 FAC.#:803-874-2664 MOSS, R PIKE PH#: 803-874-2664 Facility Email: PMOSS@CALHOUNSNB.ORG	Calhoun / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0196 / 06/30/2014	8
WYLIE BRUNSON RESIDENCE 88 SUNFLOWER RD SAINT MATTHEWS, SC 29135-8423 FAC.#:803-874-2664 MOSS, R PIKE PH#: 803-874-2664 Facility Email: PMOSS@CALHOUNSNB.ORG	Calhoun / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0228 / 06/30/2014	8

Totals For Facility/License Type: Habilitation R15

Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>16</u>
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Number of Activities/Facilities licensed in county of <u>Calhoun</u>	# Lics: <u>2</u>
Number Licensed Units :	<u>16</u>

County: Charleston

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
DILLS BLUFF COMMUNITY RESIDENCE 936 DILLS BLUFF RD CHARLESTON, SC 29412-5316 FAC.#:843-805-5800 GOLDMINTZ, DAVID PH#: 843-762-2374 Facility Email: RMAGNER@DSNCC.COM	Charleston / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0131 / 10/31/2014	8

Totals For Facility/License Type: Habilitation R15Number of Activities/Facilities licensed: 1 Number Licensed Units: 8Number of Activities/Facilities licensed in county of Charleston # Lics: 1
Number Licensed Units : 8

Division of Health Licensing

County: Cherokee

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
J CLAUDE FORT COMMUNITY RESIDENCE BUILDING I 816 W MONTGOMERY ST GAFFNEY, SC 29341-1753 FAC.#:864-487-4190 THOMAS, MARY H PH#: 864-487-4786 Facility Email: JWHITE@CHEROKEEDSNB.ORG	Cherokee / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0091 / 11/30/2014	8
J CLAUDE FORT COMMUNITY RESIDENCE BUILDING II 818 W MONTGOMERY ST GAFFNEY, SC 29341 FAC.#:864-487-4190 THOMAS, MARY H PH#: 864-487-4787 Facility Email: JWHITE@CHEROKEEDSNB.ORG	Cherokee / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0092 / 11/30/2014	8

Totals For Facility/License Type: Habilitation R15
 Number of Activities/Facilities licensed: 2 Number Licensed Units: 16

 Number of Activities/Facilities licensed in county of Cherokee # Lics: 2

 Number Licensed Units : 16

Division of Health Licensing

County: **Darlington**Facility Type: **Habilitation R15**

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
JOHN A REAGAN RESIDENCE 1100 E CAROLINA AVE HARTSVILLE, SC 29550 FAC.#:843-332-7252 JACKSON, CARIETHA PH#: 843-332-7252 Facility Email: RTHOMAS@DCDSNB.ORG	Darlington / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0204 / 06/30/2014	8
WILLIAM W BOWEN RESIDENCE 1045 STONERIDGE AVE HARTSVILLE, SC 29550 FAC.#:843-332-7252 JACKSON, CARIETHA PH#: 843-332-7252 Facility Email: RTHOMAS@DCDSNB.ORG	Darlington / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0224 / 06/30/2014	8

Totals For Facility/License Type: Habilitation R15
Number of Activities/Facilities licensed: 2 Number Licensed Units: 16
Number of Activities/Facilities licensed in county of Darlington # Lics: 2
Number Licensed Units : 16

County: **Dorchester**Facility Type: **Habilitation R15**

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
PARSONS I GROUP HOME 711 PARSONS RD SUMMERVILLE, SC 29483-3359 FAC.#:843-871-1285 OLDS, CHRISTA PH#: 843-871-1285 Facility Email: CELESTE.RICHARDSON@DORCHESTERDSNB.ORG	Dorchester / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0215 / 06/30/2014	8
PARSONS II GROUP HOME 707 PARSONS RD SUMMERVILLE, SC 29483-3359 FAC.#:843-871-1285 OLDS, CHRISTA PH#: 843-871-1285 Facility Email: CELESTE.RICHARDSON@DORCHESTERDSNB.ORG	Dorchester / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0216 / 06/30/2014	8

Totals For Facility/License Type: Habilitation R15
Number of Activities/Facilities licensed: 2 Number Licensed Units: 16
Number of Activities/Facilities licensed in county of Dorchester # Lics: 2
Number Licensed Units : 16

County: Edgefield

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
EDGEFIELD COMMUNITY RESIDENCE 1305 HILLCREST DR EDGEFIELD, SC 29824 FAC. #: 864-942-8900 HALL, HARRIET PH#: 803-637-5468 Facility Email: JBURTON@BURTONCENTER.ORG	Edgefield / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0139 / 07/31/2014	8

Totals For Facility/License Type: Habilitation R15Number of Activities/Facilities licensed: 1 Number Licensed Units: 8Number of Activities/Facilities licensed in county of Edgefield # Lics: 1
Number Licensed Units : 8

Division of Health Licensing

County: Florence

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CEDARS 123 W FIFTH AVE PAMPLICO, SC 29583 FAC.#:843-667-5007 MILES, BRANDI S PH#: 843-667-5007 Facility Email: DJOHNSON@FCDSN.ORG	Florence / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0127 / 08/31/2014	8
FLORENCE COMMUNITY RESIDENCE 511 CLYDE ST FLORENCE, SC 29506-3011 FAC.#:843-665-6600 COLEMAN, SHARON PH#: 843-667-5007 Facility Email: SCOLEMAN@FCDSN.ORG	Florence / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0025 / 03/31/2014	8
JOHNSONVILLE HAMPTON PLACE COMMUNITY RESIDENCE 333 S HAMPTON AVE JOHNSONVILLE, SC 29555 FAC.#:843-667-5007 MILES, BRANDI S PH#: 843-667-5007 Facility Email: DJOHNSON@FCDSN.ORG	Florence / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0161 / 11/30/2014	8
MAGNOLIA PLACE 517 E MAIN ST OLANTA, SC 29114 FAC.#:843-667-5007 EPPS, PEARL L PH#: 843-667-5007 Facility Email: DJOHNSON@FCDSN.ORG	Florence / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0126 / 07/31/2014	8
OAKS 108 N PINCKNEY ST TIMMONSVILLE, SC 29161-1449 FAC.#:843-667-5007 COLEMAN, SHARON PH#: 843-667-5007 Facility Email: DJOHNSON@FCDSN.ORG	Florence / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0128 / 09/30/2014	8

Totals For Facility/License Type: Habilitation R15Number of Activities/Facilities licensed: 5 Number Licensed Units: 40

Number of Activities/Facilities licensed in county of Florence # Lics: 5
 Number Licensed Units : 40

Division of Health Licensing

County: Greenville

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CIVITAN COMMUNITY RESIDENCE 1820 RIDGE RD GREENVILLE, SC 29607-4704 FAC. #: 864-679-0220 LOMAX, NICOLE PH#: 864-679-0220 Facility Email: DGOODELL@GCDSNB.ORG	Greenville / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0113 / 12/31/2013	8
FOUNTAIN INN COMMUNITY RESIDENCE 105 OLD FAIRVIEW RD FOUNTAIN INN, SC 29644-1822 FAC. #: 864-679-0220 IREY, KIM PH#: 864-679-0220 Facility Email: BPARKER@GCDSNB.ORG	Greenville / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0197 / 06/30/2014	12
HUGHES STREET COMMUNITY RESIDENCE 104 HUGHES ST FOUNTAIN INN, SC 29644-2110 FAC. #: 864-679-0220 IREY, KIM PH#: 864-679-0220 Facility Email: BPARKER@GCDSNB.ORG	Greenville / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0201 / 06/30/2014	8
MARIAN PARKINS COMMUNITY RESIDENCE I 103 KERNS AVE GREENVILLE, SC 29609 FAC. #: 864-679-0220 BRYANT, LIZA PH#: Facility Email: JCOCIOLOONE@GCDSNB.ORG	Greenville / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0150 / 05/31/2014	8
MARIAN PARKINS COMMUNITY RESIDENCE II 518 PICKETT ST GREENVILLE, SC 29609 FAC. #: 864-679-0220 BRYANT, LIZA PH#: Facility Email: JCOCIOLOONE@GCDSNB.ORG	Greenville / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0149 / 05/31/2014	8
RIDGE ROAD RESIDENCE 1810 RIDGE RD GREENVILLE, SC 29607-4704 FAC. #: 864-679-0220 LOMAX, NICOLE PH#: 864-679-0220 Facility Email: DGOODELL@DDSN.SC.GOV	Greenville / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0176 / 09/30/2014	12
TRAVELERS REST COMMUNITY RESIDENCE 252 LITTLE TEXAS RD TRAVELERS REST, SC 29690 FAC. #: 864-679-0220 CRUELL, KIMBERLY PH#: 864-679-0220 Facility Email: DGOODELL@DDSN.SC.GOV	Greenville / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0222 / 06/30/2014	8

County: Greenville

Facility Type: Habilitation R15

Facility Name	County/Ownership Type	Licensed
Location Street	Mailing/Billing Address	Units
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	

Totals For Facility/License Type: Habilitation R15Number of Activities/Facilities licensed: 7 Number Licensed Units: 64

Number of Activities/Facilities licensed in county of	<u>Greenville</u>	# Lics: <u>7</u>
	Number Licensed Units :	<u>64</u>

County: Greenwood

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HENRY & FREIDA BONDS HABILITATION CENTER 310 JENKINS SPRING RD GREENWOOD, SC 29646-8617 FAC.#:864-942-8900 MCGRIER, TAKIA N PH#: 864-942-8942 Facility Email: JBURTON@BURTONCENTER.ORG	Greenwood / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0111 / 08/31/2014	8
J FELTON BURTON COMMUNITY RESIDENCE 308 JENKINS SPRING RD GREENWOOD, SC 29646-8617 FAC.#:864-942-8947 MCGRIER, TAKIA N PH#: 864-942-8943 Facility Email: JBURTON@BURTONCENTER.ORG	Greenwood / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0072 / 05/31/2014	8

Totals For Facility/License Type: Habilitation R15**Number of Activities/Facilities licensed:** 2 **Number Licensed Units:** 16**Number of Activities/Facilities licensed in county of** Greenwood **# Lics:** 2
Number Licensed Units : 16

Division of Health Licensing

County: Lancaster

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
NANCY J MCCONNELL COMMUNITY RESIDENCE 219 S PLANTATION RD LANCASTER, SC 29720-1847 FAC.#:803-285-4368 ALTMAN, JAMES PH#: 803-286-5727 Facility Email: JALTMAN@CLDSN.ORG	Lancaster / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0075 / 05/31/2014	8
TOM MANGUM COMMUNITY RESIDENCE 223 SOUTH PLANTATION RD LANCASTER, SC 29720 FAC.#:803-285-4368 ALTMAN, JAMES PH#: 803-286-5771 Facility Email: JALTMAN@CLDSN.ORG	Lancaster / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0074 / 05/31/2014	8

Totals For Facility/License Type: Habilitation R15

Number of Activities/Facilities licensed: 2 **Number Licensed Units:** 16

Number of Activities/Facilities licensed in county of Lancaster **# Lics:** 2

Number Licensed Units : 16

Division of Health Licensing

County: Laurens

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CLINTON MANOR COMMUNITY RESIDENCE 101 CLINTON MANOR DR CLINTON, SC 29325 FAC. #: 864-682-2314 BATA, DYANN PH#: Facility Email: JTAVENNER@LCDSNB.ORG	Laurens / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0194 / 06/30/2014	8
OAK GROVE COMMUNITY RESIDENCE 3552 TORRINGTON RD LAURENS, SC 29360-7743 FAC. #: 864-682-2314 BATA, DYANN PH#: Facility Email: JTAVENNER@LCDSNB.ORG	Laurens / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0027 / 07/31/2014	8
SULLIVAN STREET COMMUNITY RESIDENCE 503 SULLIVAN ST LAURENS, SC 29360-3449 FAC. #: 864-682-2314 BRYANT, CARMELITA PH#: 864-682-2314 Facility Email: JTAVENNER@LCDSNB.ORG	Laurens / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0221 / 06/30/2014	8

Totals For Facility/License Type: Habilitation R15Number of Activities/Facilities licensed: 3 Number Licensed Units: 24

Number of Activities/Facilities licensed in county of Laurens # Lics: 3
 Number Licensed Units : 24

County: Lee

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
MCLEOD I GROUP HOME 808 MCLEOD RD BISHOPVILLE, SC 29010-1100 FAC.#:803-484-9473 WOODS, LEROY J PH#: 803-484-6987 Facility Email: MMACK@LCDSN.ORG	Lee / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0210 / 06/30/2014	8
MCLEOD II GROUP HOME 814 MCLEOD RD BISHOPVILLE, SC 29010-1100 FAC.#:803-484-9473 WOODS, LEROY J PH#: 803-484-6995 Facility Email: MMACK@LCDSN.ORG	Lee / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0211 / 06/30/2014	8

Totals For Facility/License Type: Habilitation R15
Number of Activities/Facilities licensed: 2 Number Licensed Units: 16
Number of Activities/Facilities licensed in county of Lee # Lics: 2
Number Licensed Units : 16

Division of Health Licensing

County: Lexington

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
BATESBURG GROUP HOME 132 PINWOOD DR BATESBURG, SC 29006-2329 FAC.#:803-799-1970 WILLIAMS, GILDA PH#: Facility Email: JJOHNSON@BABCOCKCENTER.ORG	Lexington / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0181 / 06/30/2014	8
BRUTON SMITH ROAD GROUP HOME 139 BRUTON SMITH RD LEXINGTON, SC 29072 FAC.#:864-942-8900 MCMANUS, MARILYN PH#: 803-898-9600 Facility Email: JBURTON@BURTONCENTER.ORG	Lexington / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0185 / 06/30/2014	8
HENDRIX STREET GROUP HOME 425 HENDRIX ST LEXINGTON, SC 29072 FAC.#:864-942-8900 MCMANUS, MARILYN PH#: 803-898-9600 Facility Email: JBURTON@BURTONCENTER.ORG	Lexington / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0199 / 06/30/2014	8
NAZARETH ROAD COMMUNITY RESIDENCE 1118 NAZARETH RD LEXINGTON, SC 29073 FAC.#:864-942-8900 DAWKINS, LORETTA PH#: 803-957-3484 Facility Email: JBURTON@BURTONCENTER.ORG	Lexington / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0213 / 06/30/2014	8
WIRE ROAD COMMUNITY RESIDENCE I 935-A WIRE RD GILBERT, SC 29054 FAC.#:803-874-2664 MOSS, R PIKE PH#: 803-874-2664 Facility Email: PMOSS@CALHOUNSNB.ORG	Lexington / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0225 / 06/30/2014	8
WIRE ROAD COMMUNITY RESIDENCE II 935-B WIRE RD GILBERT, SC 29054 FAC.#:803-874-2664 MOSS, R PIKE PH#: 803-874-2664 Facility Email: PMOSS@CALHOUNSNB.ORG	Lexington / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0226 / 06/30/2014	8

Totals For Facility/License Type: Habilitation R15Number of Activities/Facilities licensed: 6 Number Licensed Units: 48

Number of Activities/Facilities licensed in county of Lexington # Lics: 6
 Number Licensed Units : 48

County: McCormick

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
JENNINGS MCABEE HABILITATION CENTER 213 N MINE ST MCCORMICK, SC 29835-8363 FAC.#:864-942-8900 MCGRIER, NICOLE PH#: 864-465-3098 Facility Email: JBURTON@BURTONCENTER.ORG	McCormick / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0145 / 02/28/2014	8

Totals For Facility/License Type: Habilitation R15Number of Activities/Facilities licensed: 1 Number Licensed Units: 8Number of Activities/Facilities licensed in county of McCormick # Lics: 1
Number Licensed Units : 8

Division of Health Licensing

County: Newberry

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
H A MCCULLOUGH COMMUNITY RESIDENCE 2600 HOLLOWAY ST NEWBERRY, SC 29108-4500 FAC.#:803-276-1542 BROOKS, JENNIFER L PH#: 803-276-1542 Facility Email: JBBROOKS@NCDSNB.ORG	Newberry / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0102 / 03/31/2014	12

Totals For Facility/License Type: Habilitation R15Number of Activities/Facilities licensed: 1 Number Licensed Units: 12Number of Activities/Facilities licensed in county of Newberry # Lics: 1
Number Licensed Units : 12

Division of Health Licensing

County: Orangeburg

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
KINGS COMMUNITY RESIDENCE 611 KINGS RD ORANGEBURG, SC 29118-1812 FAC.#:803-536-1170 KEITT, AGNES PH#: 803-534-0682 Facility Email: RLOFTS@OCDSNB.ORG	Orangeburg / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0152 / 02/28/2014	8
NANCE COMMUNITY RESIDENCE 980 NANCE ST ORANGEBURG, SC 29115-3070 FAC.#:803-536-1170 KEITT, AGNES PH#: 803-536-1170 Facility Email: RLOFTS@OCDSNB.ORG	Orangeburg / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0153 / 02/28/2014	8
SIFLY COMMUNITY RESIDENCE 171 WANNAMAKER ST ORANGEBURG, SC 29115-5073 FAC.#:803-536-1170 CRUM, MICHELLE Y PH#: 803-536-1170 Facility Email: RLOFTS@OCDSNB.ORG	Orangeburg / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0219 / 06/30/2014	8
WANNAMAKER STREET COMMUNITY RESIDENCE 250 WANNAMAKER ST ORANGEBURG, SC 29115-5067 FAC.#:803-536-1170 CRUM, MICHELLE Y PH#: 803-536-1170 Facility Email: RLOFTS@OCDSNB.ORG	Orangeburg / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0223 / 06/30/2014	8

Totals For Facility/License Type: Habilitation R15Number of Activities/Facilities licensed: 4 Number Licensed Units: 32

Number of Activities/Facilities licensed in county of Orangeburg # Lics: 4
 Number Licensed Units : 32

Division of Health Licensing

County: Richland

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ARCHIE DRIVE GROUP HOME 33 ARCHIE DR COLUMBIA, SC 29223-5813 FAC.#:803-799-1970 BOATWRIGHT, ADRIA D PH#: 803-788-7804 Facility Email: JJOHNSON@BABCOCKCENTER.ORG	Richland / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0178 / 06/30/2014	8
CARTER STREET GROUP HOME 1203 CARTER ST COLUMBIA, SC 29204-2852 FAC.#:803-799-1970 BOATWRIGHT, ADRIA D PH#: 803-754-9565 Facility Email: JJOHNSON@BABCOCKCENTER.ORG	Richland / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0193 / 06/30/2014	8
HORRELL HILL COMMUNITY RESIDENCE 1614 RIDGE RD HOPKINS, SC 29061 FAC.#:803-799-1970 BOATWRIGHT, ADRIA D PH#: 803-799-1970 Facility Email: JJOHNSON@BABCOCKCENTER.ORG	Richland / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0200 / 06/30/2014	8
RABBIT RUN COMMUNITY RESIDENCE 1114 RABBIT RUN RD HOPKINS, SC 29061 FAC.#:803-799-1970 BOATWRIGHT, ADRIA D PH#: 803-799-1970 Facility Email: JJOHNSON@BABCOCKCENTER.ORG	Richland / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0217 / 06/30/2014	8
WOODLAWN GROUP HOME 1400 WOODLAWN DR COLUMBIA, SC 29209 FAC.#:803-799-1970 BOATWRIGHT, ADRIA D PH#: 803-783-0714 Facility Email: JJOHNSON@BABCOCKCENTER.ORG	Richland / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0227 / 06/30/2014	8

Totals For Facility/License Type: Habilitation R15Number of Activities/Facilities licensed: 5 Number Licensed Units: 40

Number of Activities/Facilities licensed in county of Richland # Lics: 5
 Number Licensed Units : 40

County: Spartanburg

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
BENCHMARK HOMES-COWPENS 204 GOFORTH ST COWPENS, SC 29330-9277 FAC.#:864-585-0322 WHITSELL, STACY D PH#: 864-585-0322 Facility Email: JBERNARD@CHARLESLEA.ORG	Spartanburg / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0182 / 06/30/2014	12

Totals For Facility/License Type:Habilitation R15Number of Activities/Facilities licensed: 1 Number Licensed Units: 12Number of Activities/Facilities licensed in county of Spartanburg # Lics: 1
Number Licensed Units : 12

Division of Health Licensing

County: Sumter

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ATKINSON EAST COMMUNITY RESIDENCE 13 KENDRICK ST SUMTER, SC 29150-5224 FAC. #: 803-778-1669 SNOW, TERRY M PH#: 000-000-0000 Facility Email: DKSMITH@SCDSNB.ORG	Sumter / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0179 / 06/30/2014	9
ATKINSON WEST COMMUNITY RESIDENCE 162 COMMUNITY ST SUMTER, SC 29150-3316 FAC. #: 803-778-1669 PALMER, MYRA PH#: 803-775-3550 Facility Email: DKSMITH@SCDSNB.ORG	Sumter / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0180 / 06/30/2014	9
THOMAS DRIVE COMMUNITY RESIDENCE 4 THOMAS DR SUMTER, SC 29150-2428 FAC. #: 803-778-1669 SNOW, TERRY M PH#: 000-000-0000 Facility Email: DKSMITH@SCDSNB.ORG	Sumter / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0073 / 05/31/2014	8

Totals For Facility/License Type: Habilitation R15Number of Activities/Facilities licensed: 3 Number Licensed Units: 26

Number of Activities/Facilities licensed in county of Sumter # Lics: 3
 Number Licensed Units : 26

Division of Health Licensing

County: Union

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
WEST MAIN STREET COMMUNITY RESIDENCE 1317 W MAIN ST UNION, SC 29379-2659 FAC.#:864-427-7700 GREGORY, MARY S PH#: 864-429-8666 Facility Email: MLSTACKHOUSE@UNIONDSN.ORG	Union / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0140 / 07/31/2014	8

Totals For Facility/License Type: Habilitation R15Number of Activities/Facilities licensed: 1 Number Licensed Units: 8

Number of Activities/Facilities licensed in county of	<u>Union</u>	# Lics: <u>1</u>
	Number Licensed Units :	<u>8</u>

Report Totals:

Total Number of Activities/Facilities licensed 64 Total Number Licensed Units: 530